SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Washburn, WI 54891 (715) 373-6138 Bayfield County
Planning and Zoning Depart.
PO Box 58

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BAYFILD EONNEY, MUSCONSIN APPLICATION FOR PERMIT np (Received)

NOV 162012

Refund: Date: Permit #: Amount Paid: ENTERED

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Suc 1/4, Suc 1/4 Gov't Lot Lot(s)	PROJECT Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application of behalf of Owner(s))	Contractor: Pourslas E Marthan	57085 N Lake Owen Drive	Doing las E& Missela S Marthey	Owner's Name:	TYPE OF BERMIT REQUIESTED. X LAND LIST SANITARY PRIVY CONDITIONAL USE SPECIAL USE
CSM Vol & Page	PIN: (23 digits) 04-018-2-45-0	Agent Phone:	Contractor Phone:	Drum mouse	48660 US Hus	Mailing Address:	PRIVY
e Lot(s) No. Block(s) No.	PIN: (23 digits) 04-018-2-45-01-33-3 03-000-10000	Agent Mailing Address (include City/State/Zip):	Plumber: Douglas Marthay	WF 54832	48660 Us Hay 63 Drummond, WI SY832	City/State/Zip:	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp
Subdivision:	Recorded Docume	State/Zip):		- Anna Carlotte	WT 54832	100	isit our website www.
	Document: (i.e. Property Ownership) 363 Page(s) 58	Written Authorization Attached Pes No	Plumber Phone:	ONO - BS		Telephone: (1) (5)	:e www.bayfieldcounty.org/zoning/asp) □ B.O.A. □ OTHER

Section

3

, Township

N, Range

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Drummicho

Distance Structure is from Shoreline:

☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent)

Creek or Landward side of Floodplain? If yes—continue —▶

XShoreland →	X is Property/Land within 1000 feet of Lake, Pond or Flowage	n 1000 feet of Lake, Ponu	Pond or Flowage If yes—continue —	Distance Struc	Distance Structure is from Shoreline :	Floodplain Zone? Pes No	Present? XYes □ No
Non-Shoreland							
Value at Time of Completion * include donated time & material	Project (Whatare you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	pe of ry System operty?	Water
	□ New Construction	X 1-Story	✓ Seasonal	□ 1	Municipal/City	The state of the s	Xicity
>	X Addition/Alteration	☐ 1-Story + Loft	Year Round	□ 2	☐ (New) Sanitary Speci	ify Type:	_ Well
7	☐ Conversion	□ 2-Story		□ 3	☐ Sanitary (Exists) Specify Type:	ify Type:	
	☐ Relocate (existing bldg)	☐ Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	ulted (min 200 gallon)	
	☐ Run a Business on	💢 No Basement		None None	☐ Portable (w/service contract)	ntract)	<u> </u>
	Property	☐ Foundation			☐ Compost Toilet	- CANADAMAN AND AND AND AND AND AND AND AND AND A	<u> </u>
					None		
						unit.	
Existing Structure	Existing Structure: (if permit being applied for is relevant to it)	or is relevant to it)	Length:		Width:	neignt	
Proposed Construction	uction:		Length: 人名		Width: 26	Height:	>

				☐ Municipal Use				Commercial Use				Residential Use				Proposed Use タイ
Other: (explain)	Conditional Use: (explain)	□ Special Use: (explain)	Accessory Building Addition/Alteration (specify)	Accessory Building (specify)	Addition/Alteration (specify) office addition to existing blody	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)	Proposed Structure
(×)	(X)	(x)	(x)	(X)	(26 × 28)	×	(x)	(x)	(x)	×	(×)	(x	×	×)	(X)	Dimensions
					72%			C A A A A A A A A A A A A A A A A A A A								Footage

i (we) declare that this a am (are) responsible for may be a result of bay above described proper FAILURE TO OBTAIN A PERMIT <u>of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES</u>
application (including any accompanying information) has been examined by me (us) and to the best of my (ou) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) application (including any information) has been examined by me (us) and to the best of my (ou) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) application of the providing and the providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which relied upon the providing and the providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) acknowledge that I (we) application. I (we) consent to county officials charged with administering county ordinances to have access to the reasonably and the purpose of inspection.

Authorized Agent: n the Deed All Owners must sign of le etter(s) of authorization must acc

Owner(s): (If there are Multip

owner(s) a letter of authorization must accompany this

ccompany this application)

Date

Addresson send ponter Sam C as からなっか

Attach
Copy of Tax Statement
F you recently purchased the property send your Recorded Deed

Please complete (1) - (7) above (prior to continuing)

Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	nt		Description	Measurement	74
		00000				
Setback from the Centerline of Platted Road	460	Feet		Setback from the Lake (ordinary high-water mark)	1884 4	Feet
Setback from the Established Right-of-Way	200	Feet		Setback from the River, Stream, Creek	N'Y H	Feet
				Setback from the Bank or Bluff	390	Feet
Setback from the North Lot Line	ンタン	Feet			. (
Setback from the South Lot Line	びな	Feet		Setback from Wetland	00C	Feet
Setback from the West Lot Line	ナンコス	5+ Feet	<u> </u>	Setback from 20% Slope Area	Ş	Feet
Setback from the East Lot Line	99	Feet		Elevation of Floodplain		Feet
					٤	
Setback to Septic Tank or Holding Tank	i// N	Feet		Setback to Well	\forall / N	Feet
Setback to Drain Field	ハッハ	Feet			, ,	
Setback to Privy (Portable, Composting)	1,//,/	Feet				
The state of the s						

Prior to the placement or construction of a structure within ten (10) feet of the minimum fequired setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code

Segmenting of inspection III W.M. 24 J. La Take	Condition(s). Town, Committee or Board Condition, Attached? Yes No-IF N. May Mot be used for human habite	Date of Inspection: 1/-15-13 Inspected by: 1/1/	Meta all settacks. Mo frontage on Mi	Was Parcel Legally Created XYes □ No Was Proposed Building Site Delineated XYes □ No	Granted by Variance (B.O.A.) □ Yes X No Case #:	Is Parcel a Sub-Standard Lot	Permit #: 12-0458 Permit Date: 11-16-1	Permit Denied (Date): Reason for Denial:	Issuance Information (County Use Only) Sanitary Number: (
Saver	No they need to be attached.)	Futh	son Millond.	Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.) ☐ Yes ≪No Cas	Mitigation Required ☐ Yes 🔊 XNo Mitigation Attached ☐ Yes XNo	$\mathcal{O}_{\mathcal{O}}$		C√√ # of bedrooms:
Day No Zee Zee		Date of Re-Inspection:	Zoning District (Q) Lakes Classification (3)	Yes ONO	Case#:	Affidavit Required ☐ Yes LÉNo Affidavit Attached ☐ Yes XNo			Sanitary Date: